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NEW METHODS IN SURGICAL NURSING

By ANNA FULLER, R.N.
Cleveland, Ohio

The rapid progress which has been made in surgery within the past few years has created a demand for new methods in the nursing care of surgical patients.

The electric light treatment has been used for some little time and although in practically an experimental stage as yet, it has met with considerable success and has given satisfaction. It is very effective in the healing of open wounds. Its power to bring serum to the surface, its even heat, its easy adjustment, its replacing of hot wet dressings which are so soon cold, soggy and uncomfortable, even though often changed, and the great comfort derived by the patient, all commend it.

Often the light is applied as a continuous treatment, while at other times it is applied for three or four hours, then discontinued, and either dry or hot dressings are alternated according to the demands of the case. In the majority of cases the healing time is lessened about one-third. Shorter periods of one-half hour to one hour, alternated with hot dressings, are better for skin-grafts, as longer periods of light tend to dry and curl the graft edge. Any ordinary drop light may be utilized for this treatment by using an improvised crane or bed cradle from which to suspend the light in a proper position about four to six inches from the wound. A shade to concentrate the light and heat may be made quickly and economically by sheet cardboard and brass clips. This will fit any part or position of the body. For routine application, as for abdominal or goitre incision, a shade may be made of tin, with perforations an inch from the skin surface, to prevent a warm edge coming in contact with the patient's abdomen or neck. Bulbs of different colors have been tried, white, blue, red, and green, but there seems to be no appreciable difference except, possibly, in the psychological effect upon the patient, blue being preferred by most. Of the carbon and Tungsten bulbs, the carbon are better and give more heat. When possible, wounds may be exposed to the direct rays of the sun, the result being much the same in both treatments.

In cases where wounds are in need of fluid irrigation, excellent results are obtained with the use of either Wright's solution or hypochlorous solution, the latter, possibly, being better known as Carrel Dakin's solution. Both of these solutions are used in the same man-

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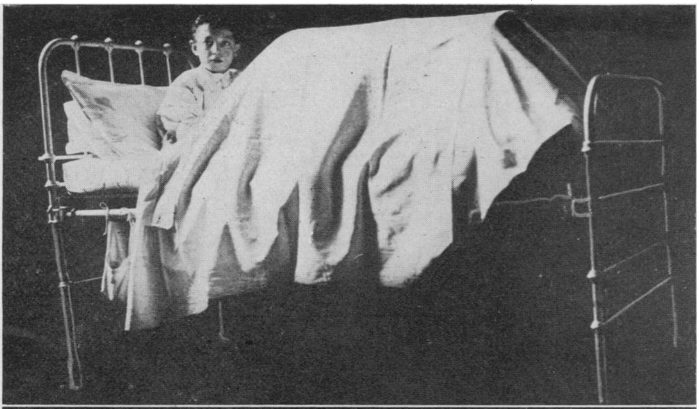

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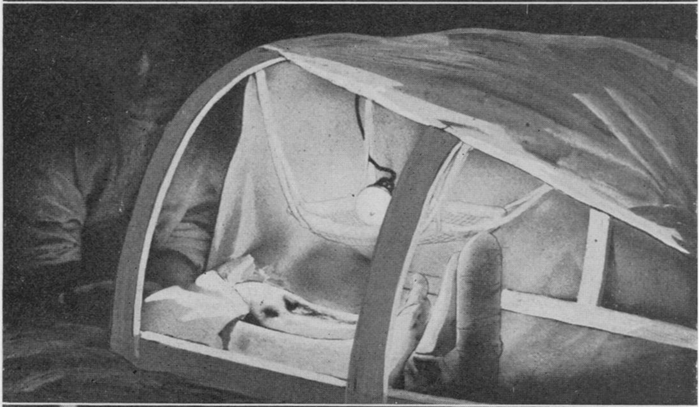

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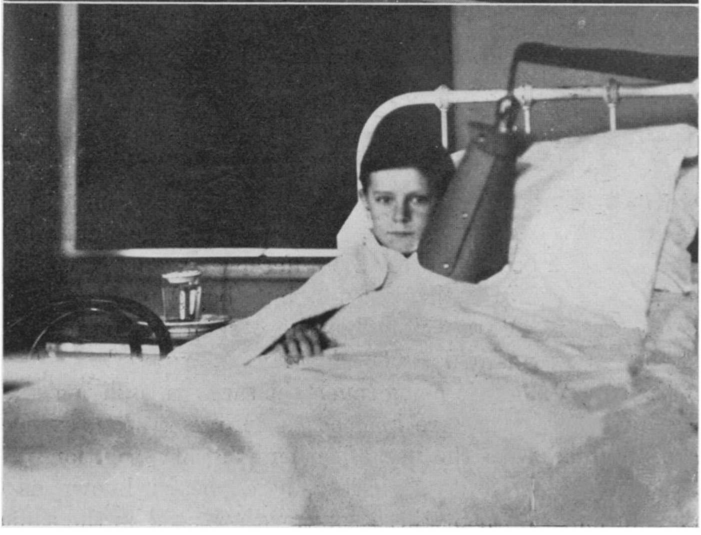
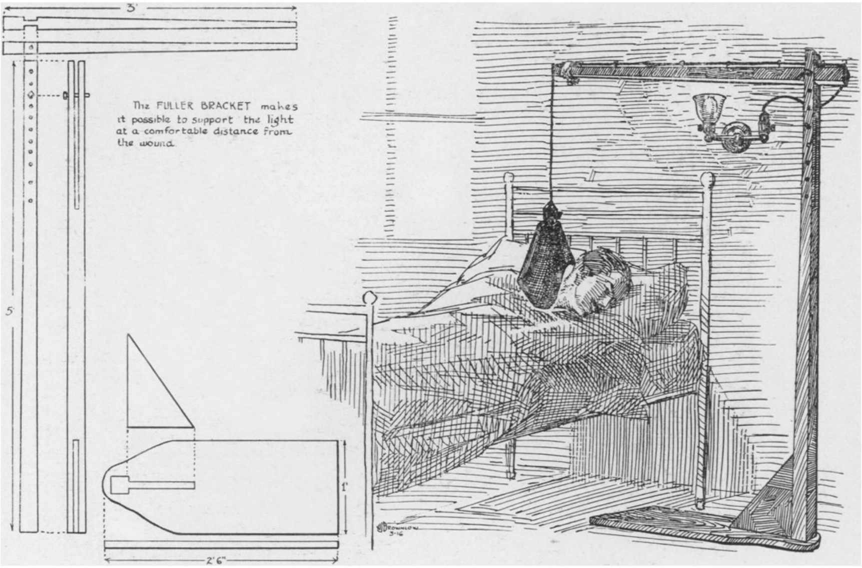
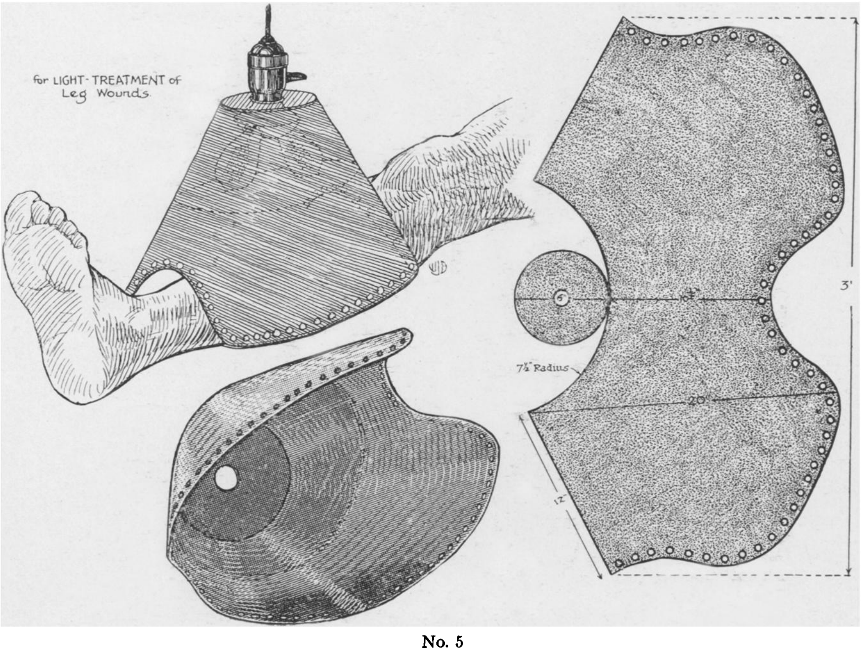


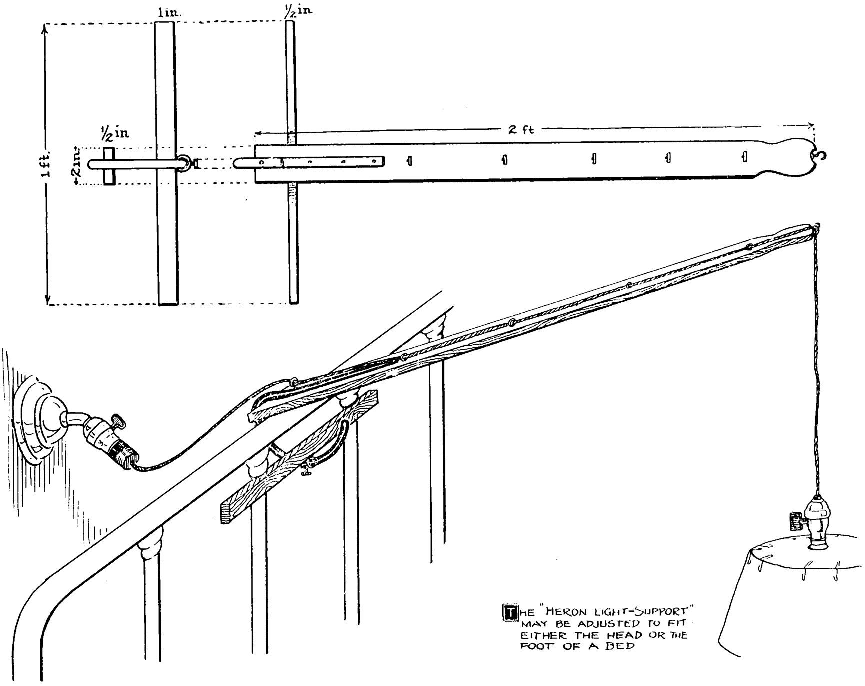
NO. 1. THE LIGHT TREATMENT FOR OSTEOMYELITIS
NO. 2. THE SAME, WITH CRADLE UNCOVERED
NO. 3. THE SHADE ABOUT THE LIGHT

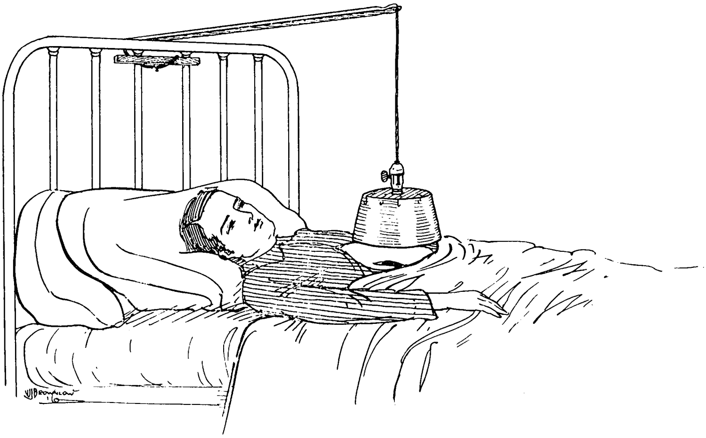

3'
The FULLER BRACKET makes it possible to support the light at a comfortable distance from the wound.
5'
1'
2'6"
WD Brownlow
3-16

No. 4


for LIGHT-TREATMENT of Leg Wounds.
WD
6
10½"
3'
7½" Radius
20"
12"

No. 5


1 in.
½ in.
½ in.
1 ft.
2 in.
2 ft
THE "HERON LIGHT-SUPPORT" MAY BE ADJUSTED TO FIT EITHER THE HEAD OR THE FOOT OF A BED

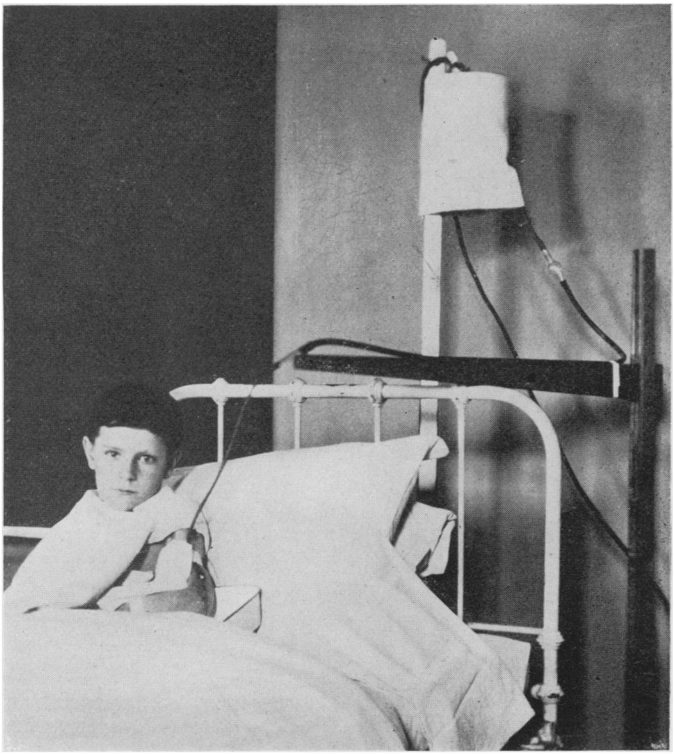


Dr. Geo. W. Crile

Dec. 1916.

No. 6

ner, a Murphy drip outfit meeting all demands and requirements for the carrying out of the treatments if well set up. For most cases, a Kelly pad is sufficient for the protection of the bed, a foot-tub being used to catch the drainage. In other cases, as for an arm, a small basin is placed in such a position as to catch the constant dripping, the arm being suspended by a sling. This method works best for arms, back or abdominal wounds, whereas if a larger area, such as a large wound of the leg is to be treated, a more satisfactory result is accomplished by the elevation and making up of the bed in the same manner as is done for a slush bath.



NO. 7. ARRANGEMENT FOR IRRIGATION

These solutions are used to excellent advantage for hot wet dressings, giving more prompt results than from boracic or bichloride dressings. Hypochlorous solution is very effective as a soothing, healing, and deodorant mouth-wash for carcinoma of the mouth, before and after operation or cauterization. Wright's solution is made by using sodium chloride three parts, sodium citrate one part, and water 96 parts. Dakin's solution is made of chloride of lime, 200 grams; sodium carbonate (dry) 100 grams, and sodium bicarbonate 80 grams. Into a 12 litre flask, put the 200 grams of chloride of lime (bleaching powder) with 5 litres of water and allow to stand over night. Dissolve the 100 grams of sodium carbonate and 80 grams of sodium bicarbonate in 5 litres of water. Combine the two solutions, siphon the clear fluid, strain, and keep in a dark bottle or jug. This solution is the most powerful antiseptic known which possesses the combined virtues of healing, cleansing, and prophylaxis with no tendency to injure or destroy the tissues. It has been also a very useful and helpful factor in the treatment of wounds in the war zone.

A very efficient and successful treatment for the prevention and cure of peritonitis is found in the Alonzo Clark treatment. This consists in the giving of an abundance of morphia. The dose varies from $\frac{1}{8}$ grain to $\frac{1}{4}$ grain depending upon the age and size of the patient. The effect desired is diminished peristalsis, less abdominal breathing and an entire quietus of the whole area involved. To obtain this condition the rate of respiration must be kept as low as 12–14 per minute. It is sometimes necessary to administer as much as 1 or 2 grains in from ten to twelve hours to get the desired effect and to be able to control it with a repetition of the initial dose every two or three hours. Great care and observation are imperative in taking and recording the pulse and respirations. Any decided change should be promptly reported to facilitate immediate coping with the situation. Whenever possible, the patient should be in a separate room or away from other patients thus avoiding unnecessary confusion or possible excitement which would tend to increase respirations.

Owing to the study and keen observation in the methods of blood transfusion, newer and more adequate appliances have been introduced which make it possible, when necessity demands, to successfully transfuse a patient without removing him from the ward to the operating room, thus avoiding any undue exertion or loss of strength of the patient and minimizing, to a certain extent, loss of time for the doctor. Transfusions are being done not only for cases of hemorrhage, but for cases of extreme anemia, diabetes, leukemia, goitre, tuberculosis and chronic infections.

The intravenous use of magnesium sulphate in the treatment of puerperal infection was introduced by R. R. Huggins in 1910, who obtained excellent results and unprecedented recoveries, although a definite therapeutic explanation was lacking, in spite of theories advanced by several men. A 2 per cent solution is best to use, as it has been shown that any marked variation from this may cause blood changes (hemolysis) and severe temperature reactions. In the making of this solution freshly distilled water is a very important item. Magnesium sulphate C. P. is to be used with the water, filtered very thoroughly and sterilized in an autoclave. An ordinary intravenous outfit is sufficient. The same vein may be used a number of times, as it is not necessary to cut down on the vein. Most important is the fact that the solution must be given very slowly, as a too sudden entrance of the solution may cause paralysis of the vital centers, the first indication of which is a slowing of the respirations, which condition may be helped by giving camphor oil, although paralysis may last an hour or more. As a rule, 300 cc. may be given with impunity. The results in a number of our cases are not as satisfactory as we could wish, owing to the fact that the majority of patients come into the hospital after the toxin has fixed itself to the body protein, and even though the causative factor has been removed, the damage has already been done. When the cases are seen early in the infection, we can say that they are materially improved and that convalescence is hastened.

Nurses having charge of the teaching departments of the hospital are being awakened to the opportunities open to them. They are interesting themselves more and more in encouraging and assisting individual students to greater scientific thought and in taking the initiative in developing more efficient results from the nursing procedure.

With the increasing new methods in surgical nursing, the need becomes very apparent for private duty nurses to keep in touch with advanced methods. This can be done by post graduate courses or by attendance at the clinical lectures given to medical students, to which nurses are sometimes invited.

More and more the trend in nursing service points to the intelligent comprehension of the object to be achieved, rather than to the perfect technic of certain procedures, which are often interpreted as merely mechanical processes.

NOTE. The Herron Light Support, shown in illustrations 6 and 7, was the invention of Marguerite Herron, a student nurse. THE JOURNAL is indebted to the Lakeside Hospital of Cleveland and to Dr. George W. Crile for the accompanying illustrations.